

A REVIEW OF THE
UNIVERSITY OF SASKATCHEWAN
EMPLOYEE ASSISTANCE PROGRAM

May 2006

Richard Csiernik, Ph.D.

David Hannah, Ph.D.

James Pender, Ph.D.

Executive Summary	2
Introduction	7
Terms of Reference	8
Best Practices In Employee Assistance Programming	12
Process	20
Overview	21
Findings	27
Recommendations	30
Closing Issues	37
References	39

APPENDICES

1. Review Committee Biographies
2. Documents Reviewed
3. Site Visit Agenda
4. Consent Form
5. Focus Group Questions
6. EAP Program Component Survey
7. Utilization and Penetration Rate
8. EAP Program Component Survey Results
9. EAP Capping – Study Results
10. Summary of EAP Outcome and Process Studies

EXECUTIVE SUMMARY

A review of the University of Saskatchewan Employee Assistance Program was undertaken by Dr. Richard Csiernik of King's University College at The University of Western Ontario, Dr. James Pender of Byrnes, Pender & Associates of Calgary, Alberta and Dr. David Hannah, Associate Vice-President Student and Enrolment Services at the University of Saskatchewan between October 2005 and January 2006 under the direction of a three member client group, Barb Daigle, Wilf Hiebert and Larry Riopka. The committee members reviewed 29 documents pertaining to the Employee Assistance Program, ran seven focus group sessions (n=48), interviewed 19 individuals unable to attend focus group sessions and received 13 individual written submissions. The following recommendations arise from that data collection process framed within the context of The University of Saskatchewan Strategic Directions document.

1. Out-Sourced Provider

The EAP should be sourced to a **Saskatchewan-based (or other regional)**, EAP service provider or counselling service for a period of three years, at which time the model be re-examined to determine if the *external, local, on-site* model is meeting the needs of the University of Saskatchewan community or if the University wishes to return to the original model wherein EAP staff are also employees of the University of Saskatchewan.

The contract should be granted to a local service provider that will guarantee consistency of staffing and service for the duration of the contract and that the same staff will be on-site providing core counselling services along with the other initiatives recommended below.

2. Staffing Needs

Additional resources need to be allocated to the EAP to allow for at least three full-time dedicated counsellors, both male and female, located on campus. In addition the EAP should be supported by at least one full-time Administrative Assistant.

3. Staff Qualifications

The counsellors should be at the Masters level of qualification or higher, be members of at least two different recognized counselling professions, and be members in good standing of their respective registered professional organizations, with a knowledge of occupational counselling and counselling approaches that are complementary but not a duplicate of each other's approach.

The Administrative Assistant should have superior computer skills and web design experience. Past experience working in an environment with confidential information would be a definite asset.

4. Staff Responsibilities

EAP staff should be responsible for assessment, referral, direct practice, education and promotion as well as involvement in any new organizational well-being initiatives that arise from *Recommendation 12* and Table 1. In addition, staff should collect data regarding EAP use and develop trending information to assist in the identification of emerging issues of import to the broader University community and to use this information to offer early-indicator workshops and other services to support employees.

EAP staff should accept recommended referrals from managers, supervisors and union officials. Upon receipt of signed informed consent EAP counselling staff should indicate to the individual who initiated the referral if the employee did meet with EAP counselling staff. No other information, clinical or personal, should be provided without signed informed consent from the employee.

The administrative support person should perform the usual range of reception duties including booking appointments, answering questions regarding EAP access and coverage, greeting clients, assisting in the development of presentations, collecting data and updating and maintaining the EAP website.

5. Physical Space

The EAP should be located in a discreet location, on campus, physically distant from the Human Resources Department with an eventual goal of becoming part of a broader Wellness Centre. Accordingly, the physical environment of the EAP should be altered to include three counselling offices, a small conference room, a waiting room, a discrete entrance and exit system through two distinct doorways and more subtle signage.

6. Accountability

The out-sourced provider company should be accountable for staff selection (as per recommendations 1 and 2), supervision and staff compensation. The Saskatoon-based provider should be accountable for administrative and financial purposes through the EAP Advisory Committee to the Associate Vice President of Human Resources.

7. EAP Advisory Committee

The function of the EAP Committee should shift from being a management board to that of an advisory committee. Supervision of staff should become the responsibility of the out-sourced provider (recommendation 6) while the budget (recommendation 13) should become the responsibility of the AVP Human Resources.

In accordance with the University's new strategic vision the EAP Advisory Committee should consist of an equal number of labour and management representatives, which will necessitate a change to the various collective agreements. The committee should also include one representative of Human Resources and should be led by two co-chairs, one representing management, the other labour. The EAP Advisory Committee should be accountable to the Associate Vice President of Human Resources for administrative and financial purposes.

8. External Benefits Provision

The extended benefits plans should be amended to allow for self referrals to external counsellors at the Masters Level or higher of any recognized counselling profession while the benefits plan should be extended to an upper limit of \$1000.00 per employee or dependent per year.

9. Capping of Services

Along with and in support of counselling provided by the on-site University of Saskatchewan EAP staff, a maximum of \$1000.00 per employee or dependent per year should be allocated for those who access the EAP but who also require additional specialized external counselling supports.

10. EAP Policies and Procedures

As part of the restructuring of the EAP all existing policies and procedures pertaining to the Program should be collected into one document entitled *Employee Assistance Programs and Procedures* and using the Best Practices Guidelines presented in Table 2 any gaps found should be addressed in a distinct document within one calendar year including a clearly written statement of informed consent and confidentiality.

11. Employee Orientation

Once the renewed EAP is in place a more systematic formalized orientation program and ongoing promotion and awareness campaign should be developed for all staff and family members including an easily recognizable and distinct EAP “brand” and design to develop a unique identity for this highly valued University resource. This process should be led by the campus-based EAP staff providing the opportunity to create a profile within the University community.

12. Workshops and Seminars

To further enhance the well being of the workplace the EAP should undertake or sponsor a regular series of proactive and preventative workshops/seminars/brown bag lunches on issues pertinent to the well being of the workplace and the organization, again using the to be designed EAP “brand”. These should be led whenever possible by the on campus EAP staff and when appropriate conducted in collaboration with Human Resources staff.

13. Budget

The initial budget for the renewed University of Saskatchewan Employee Assistance Program should be a minimum of \$386,600.00 per year as outlined in Table 6 plus costs for the necessary physical space renovation/re-location.

14. Change Management Process

Recommendation 1 speaks to the out-sourcing of the Employee Assistance Program. Once this recommendation has been approved, a communication plan should be immediately developed and quickly implemented. This plan should include an announcement that the current EAP will be undergoing a reorganization and, consequent to this, the present staff will be exiting from the University. In the event that a permanent provider is not selected by the time the present EAP staff exit, then the announcement of interim coverage will need to be identified and communicated.

INTRODUCTION

As the University of Saskatchewan prepares for its second century of providing post-secondary education to students from Saskatchewan, Canada and the world it is undergoing a significant restructuring. The process accompanying the implementation of *Renewing the Dream: University of Saskatchewan Strategic Directions, 2002* has resulted in substantive actual and perceived changes throughout the university system. Among these has been the response by the Human Services Division of the University in the form of a substantive document outlining their role in the university entitled *A New Vision for Human Resources at the University of Saskatchewan: Transforming Human Resources into a Strategic Asset-Human Resources Division Multi-Year Plan 2003-2007*. This has led to questions about the role of the University's established Employee Assistance Program (EAP) and in turn this formal review of the EAP.

TERMS OF REFERENCE FOR THE REVIEW OF THE
UNIVERSITY OF SASKATCHEWAN
EMPLOYEE ASSISTANCE PROGRAM

The University of Saskatchewan Employee Assistance Program (EAP) has been in existence since 1989. Its stated purpose is to provide assessment referral and short-term counselling for any employee requesting assistance for personal issues or work related concerns, that may impair the ability of that employee to function effectively in the performance of duties. EAP services are available to all University of Saskatchewan employees, unionized and non-unionized as well as their family members.

The University of Saskatchewan provides all financial support for EAP operations that are overseen by a 12 member Administrative Board. The Board is comprised of two representatives from each of the Administrative and Supervisory Personnel Association, the Canadian Union of Public Employees Locals 1975 and 3287, the University of Saskatchewan Faculty Association, the University administration and two members external to the university. The Board's responsibilities are broad and include determining Employee Assistance Program policy, financial accountability, assessment of the overall effectiveness of the program, and the appraisal of EAP staff.

The EAP Board is responsible for administering the EAP. Members of the Board will participate in the review and consider any and all recommendations made by the Review Panel. The Board will keep all stakeholders informed of decisions made resulting from the review.

Purpose of the Review:

1. To review and assess services provided by the EAP according to objective evaluation standards within the EAP field.
2. To assess effectiveness of the EAP against its mandate in terms of meeting current and future needs of the University and to identify an appropriate level of financial support for the program.
3. To identify options and services that would provide an EAP based on best practices in the context of the University of Saskatchewan Strategic Directions including the "*Changing Practices Human Resources Management section of A Framework for Action: University of Saskatchewan Integrated Plan 2003-07*".
4. To identify an appropriate level of resources [financial, human, facilities] required to deliver and support an EAP program based on best practice for 2005 and forward.

The Objective of the Review

The review panel will evaluate the current EAP services, the administrative structure, the resources required and other relevant matters according to both recognized standards established for employee assistance programs and according to best practices to determine the following:

1. The effectiveness, efficiency and quality of the Program in terms of the current program outcomes.
2. Limitations that may exist that hamper the effectiveness, efficiency and quality of the Program.
3. Identify best practice options for EAP services that will provide high quality services that meet the needs of both the employee and the organization's strategic direction.
4. Identify the level of resources [financial, human, facilities] required for effective and efficient operation of an EAP based on best practice.
5. Identify potential adjustments to the current EAP services and the financial impact of such adjustments.

The VP of Finance and Resources, or designate and the EAP Board will provide the Review Panel with questions related to these objectives to assist the Panel in their evaluation.

The Review Panel

The review panel will consist of up to five individuals from the following:

1. An external EAP professional counselor with expertise in designing best practice EAP programs in organizations.
2. A Psychiatrist, psychologist or physician practicing in the field.
3. An external human resources professional or benefits plan consultant with expertise in disability management programs and from firms specializing in such programs.
4. An academic specializing in EAP practices, including workplace health.
5. A member of the University of Saskatchewan community with a high level of awareness of the EAP and a broad understanding of the University.

At least one panel member external to the University will also have expertise in a university setting.

The panel members external to the University were selected through a targeted request for proposal (RFP) process. Both the EAP Board and the Vice-President Finance and Resources approved the RFP.

Potential panel members were to be mutually agreeable to both the EAP Board and the Vice-President Finance and Resources, or his designate. Panel members were selected based on their proposal, an interview and their availability. The Vice-President Finance and Resources and an EAP Board member selected by the Board had responsibility to conduct the interviews. Had the EAP board and the VP Finance and Resources not come to mutual agreement with respect to the selection of individual Panel members, those Panel members would then have been excluded from consideration.

To avoid conflicts of interest, Review Panel members will be excluded from providing services to the EAP.

The Review Report

The Panel will submit a written report to the Vice-President Finance and Resources and the EAP Board. The report will address the purpose of the review and reflect the stated objectives. The Panel will submit, along with its report, reference material, data analysis and other supporting documentation. The panel will also meet with the EAP Board and the Vice-President Finance and Resources to present and discuss the report.

The Review Process and Timing of the Review:

	<i>Description</i>	<i>Completion Date</i>
Step 1	RFP – The office of the VP Finance will distribute the RFP to jointly selected experts.	July 22, 2005
Step 2	Self-study conducted by the EAP Board – The EAP Board will immediately commence an in camera self-study of the program.	In advance of the site visit by the review panel
Step 3	Selection of Review Panel	September 2005 (deadline for responses to the request for proposals is August 31, 2005)
Step 4	Information gathering – questions for panel and appropriate documentation	Fall 2005
Step 5	Site Visit	December 14-16, 2005 January 2006
Step 6	Written Report submitted to the VP Finance and the EAP client group	March 2006
Step 7	Response to the Report by the VP Finance and the EAP Board. Revisions as appropriate based on responses by the VP and the EAP client group	April 2006
Step 8	Presentation by Panel to the EAP client group and VP Finance	April 2006
Step 9	Development of Recommendations for future EAP mandate and Budget	May 2006
Step 10	The Board will consult with stakeholders concerning the results of the review.	As required/deemed necessary by the Board

BEST PRACTICES IN EMPLOYEE ASSISTANCE PROGRAMMING

Currently there are three organizations to which Employee Assistance professionals can belong - the Canadian Employee Assistance Program Association (CEAPA), the Employee Assistance Society of North America (EASNA) and the Employee Assistance Professional Association (EAPA). Each of these is a voluntary organization with its own recommendations for practice though there is no obligation for any Employee Assistance professional to belong to all or any of these. In Canada and the United States no legislation has ever been struck to direct or focus Employee Assistance Programs except for the use of Federal government employees in both nations, unlike in the occupational health and safety field where committee structure and reporting is much more regulated. As a result a myriad of programming options have evolved driven not only by management and labour interests but also by private market forces (see Csiernik, 1992; 1993). Thus common practices have arisen that are not necessarily best practices and benchmarks emerged based upon individual organizational circumstances rather than upon evidenced-based practice.

Historically three Canadian not-for-profit agencies have been leaders in the development of Employee Assistance Programs - the Ontario Addiction Research Foundation (ARF), now the Centre for Addiction and Mental Health (CAMH), the Alberta Alcohol and Drug Addiction Commission (AADAC) and the Canadian Centre on Substance Abuse (CCSA). These three organizations have historically offered recommendations on the implementation and development of EAPs (see Allen, Csiernik, Cunningham, Dunbar, French & Hodgson, 1993) and in the case of the two

provincial organizations, providing direct services. They too, however, have not agreed upon a single best practice model but rather have advocated that the environmental context be a critical consideration in the development of an organization's EAP.

To this time in the 21st century two major Canadian EAP studies have been undertaken examining developmental issues. A general overview of the state of the nation by Dr. Scott Macdonald (University of Victoria), Dr. Rick Csiernik (King's University College), Dr. Pierre Durand (Université du Montreal), Dr. Cameron Wild (University of Alberta) and Ms. Marg Rylett of the Centre for Addiction and Mental Health (2006). The other was a smaller but more detailed examination of current and common EAP practices undertaken by Dr. Rick Csiernik of King's University College at The University of Western Ontario (2005a). These works have provided a basis for understanding the foundations for EAP practice and are presented in the following tables and charts.

Table 1 is a summary of the possible practice areas in which an EAP can chose to become involved. It does not recommend that a program should do all of these but merely provides a range of possibilities considering the four quadrants of EAP practice:

- i) Individual focus – professional practice
- ii) Individual focus – mutual aid
- iii) Organizational focus – professional practice
- iv) Organizational focus – mutual aid

Table 1: EAP PROGRAM COMPONENTS

I. *Individual Practice – Professional Component*

- one-to-one counselling by formally trained counselling professionals (social workers, psychologists, addiction counsellors and/or other related helping professionals)
- crisis intervention, brief solution-focused counselling or case management for employees
- crisis intervention, brief solution-focused counselling or case management for family members
- educational seminars and/or workshops to the workforce (*problem focused*)
- voluntary health screenings or wellness appraisals
- self-care activities (library, reading materials with a prevention focus)
- critical incident debriefings conducted by **professional** counsellors
- 24 hour program crisis access/consultation
- follow up for employees absent from work for an extended period of time from the workplace to inquire if any additional, non-financial, assistance is required

II. *Individual Practice – Mutual Aid Component*

- use of peer supports (union counsellors, referral agents, peer resource teams and/or peer advisors) to aid employees access appropriate forms of assistance and/or to provide on-going social support
- use of community-based self-help groups as an adjunct to individual assistance
- on-site self-help groups
- respond to critical incident situations with trained **peer** debriefers
- provision of worksite wide health promotion, safety and/or critical incident awareness and related wellness education programs (*prevention focus*)

III. *Organizational Practice – Professional Component*

- provide consultation and training for ongoing organizational intervention, development and change including team-building initiatives
- enhance the health of work units through the provision of technical assistance including mediation or conflict-resolution services on both individual and organizational issues
- participate in EFAP groups external to the workplace for EFAP advocacy related issues

IV. *Organizational Practice – Mutual Aid Component*

- team building exercises and activities to educate workers about expectations, rights and responsibilities of being a team or group member
- development of or assistance with mutual aid group(s) open to employees that examine stressors both internal and external to the workplace affecting individual and group wellness
- development of or assistance with work unit support groups to decrease work related stress and to act as problem solving and/or peer social support groups

EAP programs should be based upon a well-developed policy agreed upon by all stakeholder groups and ratified to form a mutually agreed upon foundation for the EAP. Csiernik's (2003) review of Canadian EAP policies found few to be comprehensive and many inadequate based upon the evaluative criteria presented in Table 2.

Table 2: EAP POLICY BEST PRACTICES GUIDELINES

	<u>Maximum Score</u>	<u>Policy Score</u>
1. <u>INTRODUCTORY STATEMENT OF PRINCIPLES:</u>		
Union and Management Support/Endorsement	10	_____
Range of Problems Covered by EAP	10	_____
Job Protection	10	_____
Confidentiality of Program	10	_____
Anonymity of Program	10	_____
Benefit Provision	10	_____
Area 1 sub-total (maximum 60)		_____
2. <u>PROCEDURES:</u>		
Voluntary access to program	10	_____
Informal referrals to program	10	_____
Formal referrals to program	10	_____
Follow-up	10	_____
Monitoring	10	_____
Evaluation	10	_____
Area 2 sub-total (maximum 60)		_____
3. <u>PROGRAM DEVELOPMENT:</u>		
Training of Supervisors/Stewards	10	_____
Orientation of Workforce	10	_____
Publicizing Program to Workforce	10	_____
Publicizing Program to Families/Family Orientation	10	_____
Community Liaison (EAP groups, community services and related agencies)	10	_____
Area 3 sub-total (maximum 50)		_____

4. ROLES:

EAP committee	10	_____
Management	10	_____
Union	10	_____
Employees Group (non-unionized)	10	_____
Supervisors	10	_____
Stewards	10	_____
Employees	10	_____
EAP Coordinator	10	_____
Referral Agents/Union Counselors	10	_____
Human Resources (personnel/industrial relations)	10	_____
Medical Department (OHN/Occupational Physician)	10	_____
Area 4 sub-total (maximum 110)		_____

5. OVERALL DOCUMENT CRITIQUE:

Clarity	10	_____
Thoroughness	10	_____
Area 5 sub-total (maximum 20)		_____
TOTAL: (maximum 300)		_____

PERCENTAGE SCORE: _____ (total score/300)

There is a significant debate with the EAP practice field regarding how clinical services should be delivered. The two primary options have been by internal program staff who are also employees of the organization and, as such are intimately a part of the organization's culture, or by external contractors who are more arm's length and who are not personally affected by the daily environmental issues that impact every workplace. Table 3 provides a summary of what the literature has documented regarding the pros and cons of internal versus external service provision models.

Table 3: COMPARING EXTERNAL AND INTERNAL MODELS OF EAP DELIVERY

Internal Professional Model - Strengths	External Professional Model - Strengths
<ul style="list-style-type: none"> • use of an internal model will produce organizational cost savings • higher utilization rates • organizational belongingness and understanding of the dynamic environment of the workplace • organizational positioning and support • long range perspective • immediacy of response to critical incidents • better ability to provide case management services • quicker response to organizational changes • knowledge of organization policies and procedures • better positioned to respond to the Integrated Model of Occupational Assistance (Table 1) 	<ul style="list-style-type: none"> • use of an external model will produce organizational cost savings • greater utilization by non-employees • greater utilization by senior management/executives • off-site locations promote feelings of confidentiality • best option for smaller organizations (n< 500) • wider range of clinical resources of clinical resources and greater likelihood to provide longer hours for access • uniform service for organizations with multiple sites across a province • provision of some service at a minimal cost • more emphasize on and experience with marketing of services of self promotion

Internal Professional Model - Weaknesses

- replication of resources available in the community
- staffing may not be adequate to meet organizational diversity
- inadequate ongoing professional development opportunities
- ethical conflict over who is client and confidentiality perceptions
- greater cost per employee as more service provided

External Professional Model - Weaknesses

- necessity of profit margin to maintain operations
- limited awareness of organizational culture
- fewer informal contacts
- ethical conflict over who is client
- fewer supervisory consultations
- lower use of services for alcohol or other drug use
- capped services limiting employee and family access to adequate problem resolution
- fewer core services per employee
- increased cost with increased program use
- tiered pricing leading to increased cost of services after program start-up
- lack of consistency between intake and counselling services
- provision of only assessment and referral services rather than formal counselling

PROCESS

The review panel consisted of Dr. James Pender, of Byrnes, Pender and Associates, Calgary, Alberta, Dr. David Hannah, Associate Vice-President of Student and Enrolment Services at the University of Saskatchewan and Dr. Richard Csiernik, Professor and Graduate Studies Coordinator, School of Social Work, King's University College at The University of Western Ontario¹. The review of the University of Saskatchewan Employee Assistance Program was conducted during December 2005 and January

¹See Appendix 1 for biographies of the panel members.

2006 and it entailed an extensive review of documents (Appendix 2), seven focus group meetings consisting of 48 individuals along with nine individual interviews with representatives from throughout the university in December and ten in January (Appendix 3). Thirteen individuals unable to attend either a focus group or an individual interview completed formal written responses to the focus group questions. All participants completed a consent form (Appendix 4) that discussed the scope of the review and how the data would be used. Participants also received in advance a list of questions to be discussed (Appendix 5) along with an instrument derived from Csiernik's (2005b) "Integrated Model of Occupational Assistance" (Appendix 6) to be completed prior to the focus group or key informant interview. The Focus Group Interview Schedule was constructed by the review panel committee members with feedback provided by university staff on the initial draft.

Dr. Pender and Dr. Hannah participated in each of the focus group sessions while Dr. Csiernik was present for all except the last focus group meeting with administrators from across the university. Dr. Pender conducted all of the key informant interviews while Dr. Csiernik reviewed all the individual written responses. Each Review Panel member individually analyzed the written submissions and the data from the focus groups for which they were present while Dr. Pender analyzed the key informant interviews and Dr. Csiernik assessed the written submissions and the survey data. Each panelist then independently prepared a summary of key themes and recommendations. The three individual reports were shared upon completion of data collection, reviewed, discussed to build consensus and then merged into the final report in hand.

OVERVIEW

Institutional and Contextual Factors

The University of Saskatchewan has experienced significant levels of organizational change over the past few years. Change itself is often times stressful; as employees adjust to changing environments, stress levels can be expected to increase. This has contributed to the high level of interest that was generated by this review. When one factors in the change process, with the likelihood of increased workloads, the University's financial challenges and other related factors, one can understand that there are many factors that may have contributed to an increased stress level across the institution. As contracts were being negotiated at the time of the Review, the labour environment may have also affected the comments and feedback provided by many participants in the data collection process. The reviewers believe that all of these factors contributed to a greater level of tension between groups and individuals represented by unionized employees and those representing the interests of the University's Administration. It was evident to all three members of the Review Panel that the various stakeholder groups, although a small sample of the university community overall, were keen for the opportunity to participate in the review process. This, the Review Panel saw as an indicator of the importance of the EAP to them and to their respective constituencies.

Each group had a unique perspective regarding the Employee Assistance Program and how the Program functioned at the University of Saskatchewan. There was much discussion in the focus groups regarding the potential integration of EAP services with Human Resources programs. As, in the minds of the majority of participants, HR and EAP occupy very different functions there is a need to articulate what is meant by the term "*integration*". For many, integration seems to imply some loss of confidentiality and the autonomy of the EAP. As such, the proposed integration of the two, as it was

understood at the time, was not supported by most representatives of bargaining units. Individuals with administrative responsibilities were, on the contrary, generally supportive of the notion of integration, as they typically believed that the current EAP operated in isolation from other services that were intended to support and enhance individual and organizational well being.

Part of the underlying tension regarding integrating EAP services with other health, wellness and organizational initiatives results from a misunderstanding of the issues of confidentiality and its legal and professional limits. Confidentiality as defined by the Employee Assistance Society of North America (2006)

refers to the private, non-disclosable nature of information obtained in the communication between a client and practitioner. A practitioner provides effective professional service only when there is complete and unreserved communication between himself and his client. The client has the right to feel completely secure in the choice to use EAP services and is entitled to assume that matters discussed with, or information disclosed to, the practitioner will be held in strictest confidence.

Whenever any limitation or exception exists to complete confidentiality (e.g., the obligation to report child abuse), the ethical practitioner declares and explains these limits of confidentiality before continuing in a professional relationship with the client. The ethical practitioner does not use a naive understanding or interpretation of a confidentiality principle as an excuse to avoid his responsibility, under the law or otherwise, to make appropriate disclosure when the life, health, or safety of either the client or others is in peril. Ethical practice demands the seeking of consultation whenever questions arise in this vital area of EAP service.

As well, in Saskatchewan, confidentiality is further protected by the Local Authority Freedom of Information and Protection of Privacy Act.

It should also be noted that all HR representatives participating in the review uniformly expressed a very strong interest and concern for the well-being of the University's employees. Human Resources views its mandate as including the care of employees in the broadest of terms and that it represents the interests of both the individual employee as well as the university.

Program Structure

The University of Saskatchewan Employee Assistance Program is presently staffed by two employees, one male with a Masters degree in Social Work who is also the Program Director, and a female administrative support person. The Director is responsible for assessment of client issues, short-term counselling, referral to the community for more extended counselling, program promotion and program administration along with involvement with the critical incident response team. Six private counselling agencies in the Saskatoon area are used to provide longer term counselling. These externally contracted counsellors come from a broad range of disciplines, including but not restricted to social work, psychology, educational counselling, addictions and marital and family counselling. External counsellors receive up to \$350.00 per client and may charge up to \$70.00 per hour per client, which is well below the standard hourly rates for the majority of private EAP practitioners.

No budget was ever formally established to provide coverage for external referrals, even at these reduced rates. This has led to a perpetual under-funding of the EAP. This deficit has been historically dealt with by the surplus arising from the Program's initial start up. However, this surplus has now been exhausted.

In addition, staff and faculty of the University of Saskatchewan have varying levels of Blue Cross coverage through the University's extended health benefits that can provide additional counselling hours. Under the current benefits plan Blue Cross coverage may

be applied ONLY to registered psychologists limiting access to the majority of trained, skilled, qualified and professional registered helping professions. It also may require that an employee switch counsellors after the EAP-funded portion is completed in order to enjoy ongoing coverage through the extended benefits provision. In instances where an employee begins with a Social Worker or family counselor, this also entails switching to a licensed psychologist.

Administration of the Employee Assistance Program is by the Employee Assistance Board which currently reports to the Vice-President of Finance and Administration. The current policies are primarily situated in the various collective agreements though a distinct critical incident protocol was written in 1992 and is currently being reviewed.

Practice Model

The EAP uses a system-based model, using the foundation social work approach of person-in-environment which is integral to EAP counselling (see Csiernik, 1996). Brief counselling is provided as is referral to external sources for more complicated work. When referred through the EAP, there is a financial maximum payable to external providers of services (to a maximum of \$350.00/client). This results in a serious resource-based limitation to the Program which may, in fact, hinder clinical services for more complex situations.

Services Provided

Information was provided for the past five years on clinical intake and consultations (Table 4). The presentation of a clinical utilization and an overall utilization is superior to many standard reporting procedures in the EAP field. However, data was not provided regarding program promotion and public education services and critical incident involvements and debriefings, that exists as separate components of utilization and would contribute to a calculation of the EAP's penetration rate. The penetration rate provides a superior measure to utilization as it captures a fuller picture of the total

involvement of the Program (see Appendix 7). Information was also provided on client satisfaction and a comparison analysis was presented comparing the client satisfaction of EAP participants who returned surveys to those from six other post-secondary institutions that returned similar client satisfaction documents. The University of Saskatchewan scores were consistently above the 90% rating, the minimum acceptable standard for self-report voluntary client satisfaction forms and were above the mean of the sample group.

The increasing use of EAP services at the University of Saskatchewan compares similarly with access rates found in most institutions and organizations today. This is not a surprising outcome considering the significant change procedure that the University of Saskatchewan has undergone with the implementation of the new strategic plan and mirrors similar changes noted by Csiernik (2001) in a case study of the St. Joseph's Health Care Centre, London, Ontario though in that change process additional resources were given to the EAP during the transitional period. It is also interesting to note that the St. Joseph's EAP had a similar hybrid internal/external EAP service provision structure to the University of Saskatchewan's though the St. Joseph's EAP used only one external provider.

Table 4: EMPLOYEE ASSISTANCE PROGRAM UTILIZATION

Year	Employees	Clinical Intake	Consultations	Total	Clinical Utilization	Overall Utilization
1999	3617	188	196	384	5.2	10.6
2000	4465	234	190	424	5.2	9.5
2001	4465	243	124	376	5.4	8.2
2002	4465	281	154	35	6.2	9.7
2003	4465	292	168	460	6.5	10.3
2004	4465	350	207	557	7.8	12.4

Program Foundation

The University of Saskatchewan Employee Assistance Program is a voluntary, confidential service. The majority of contemporary Canadian Employee Assistance Programs are likewise Voluntary Employee and Family Assistance Programs (VEFAPs) (see Csiernik, 2002; Macdonald, Csiernik, Durand, Wild & Rylet, 2005) with no mandated treatment component. Those organizations that do still retain mandated performance-related counselling programs typically provide them through the human resources department.

FINDINGS

The current Employee Assistance Program has several shortcomings as a result of its evolution, development, structure and funding. However, despite the issues that will be listed and discussed below, it is important to acknowledge that the amount of support for and interest in an Employee Assistance Program as demonstrated during the site visits has never been experienced by either of the external reviewers. There is a genuine passion for this Program, for what it has done, what it is doing and its potential for the future as the University of Saskatchewan enters its second one hundred years of service.

Based upon a self-selected sample consisting of user feedback, focus groups, individual interviews and written submissions, the EAP overall is doing a fine job for the majority of individuals for whom it provides service. The EAP and its supporting external counselling services are almost certainly reducing institutional costs by enabling troubled employees to remain at work and be productive while working through various life challenges. The savings accrued likely exceed the cost of the program though no definitive return on investment information was made available during the review process. It is clear that there are also many advantages for the EAP to be staffed by people who are familiar with the university's environment, its issues and its directions.

However, it is the unanimous opinion of the Review Panel that the EAP is significantly under-funded and under-resourced in its current configuration. As a result the current Director has had to take on a key "gatekeeper" function. While this certainly has helped to control costs, it is perceived by some university staff and external providers as a barrier to services, as a portion of employees would prefer to access alternative support services without going directly through the Employee Assistance Program. There is also a minority of University of Saskatchewan staff members, particularly faculty and administrators, who, for various reasons such as past history, dual relationships and concerns regarding anonymity, are not comfortable with having to go through EAP to access counselling or support services. Members of this group would

prefer alternative methods of accessing assistance. As well, despite qualifications, experience, training and education, not all clients will connect with any one counsellor. As well, extensive research since the 1980s (Csiernik & Troller, 2002, Dawson, 1996; Didham & Csiernik, 2006; Hodgins, el Guebaly & Addington, 1997; Jarvis, 1992) has demonstrated that gender does make a difference in counselling.

The original Program mandate indicated that education and training were to be core functions of the EAP. However, this initiative appears to have been lost as demand for direct practice has increased over time. Each of the focus groups indicated that additional training and proactive preventative initiatives provided through the EAP would be positive for the University community.

Generally speaking, the more complex, multi-dimensional, and/or workplace-related a problem scenario is, the more important it is for a variety of university services to be involved and coordinated in order to best assist the employee. The same applies to matters that are related to or affect employee performance. This is especially true in the area of Disability Management, Health/Wellness and Return-to-Work issues, which should be coordinated by Human Resources with assistance as appropriate from the EAP. For this to occur there is a need for better communication and coordination between Human Resources and the Employee Assistance Program – the purpose of this effort will be to effectively serve the needs of both the employee and the University. Of course any client must provide signed informed consent before one professional may talk or work with another. In instances when this does occur EAP counsellors need to work actively and cooperatively with other providers of occupational assistance within and outside the university. As well, in situations when it is in the client's best interest to obtain additional supports outside the limits of the Employee Assistance Program (disability management, health and wellness and return-to-work), EAP counsellors should actively encourage clients to do so.

Finally, a review of 12 Western Canadian Universities found that in each instance the EAP was accountable to senior Human Resources personnel (Table 5). In this scenario

accountability means that the function reports into the position best able to have an understanding of the Program’s mandate and to support the Program in meeting key objectives. Specifically, it does not entail the merging of EAP files with personnel records or allowing access to EAP files by anyone other than EAP staff.

Table 5: WESTERN CANADIAN UNIVERSITIES EAP STRUCTURES

University	In-House/ Contracted	Accountable to	Advisory Committee or Management Board	Integration
U Winnipeg	Contracted	Human Resources	Advisory	Prefer more
Brandon	Contracted	Human Resources	None	None
U Manitoba	Contracted Capped at 6	Human Resources/ Benefits	Advisory	With consent
U Regina	No information received			
Athabasca	Contracted	Human Resources	Wellness advisory Committee	Rehab & HR work-life consultants
U Calgary	Contracted	AVP-HR	Wellness advisory Committee	Fully integrated with staff consent
U Lethbridge	In-House	AVP-HR	None	Case-by-case
Simon Fraser	Contracted 12 hours max	HR Manager	Advisory	None
UBC	Contracted	AVP-HR	Advisory	Case-by-case with consent
UNBC	Contracted	Human Resources	None	None
U Victoria	Contracted 10 hours max	Human Resources – Benefits Manager	None	Links into Safety
Royal Roads	Contracted	HR Head	Ad hoc advisory when contract is tendered	Integrated as needed on a case- by-case basis

RECOMMENDATIONS

Introduction

This Review provides an opportunity to reconfigure the Employee Assistance Program that was designed nearly two decades ago and support it in becoming an even better resource to meet the present and future needs of the University. Thus, we are recommending that the University of Saskatchewan build upon its long history of assisting employees with personal issues by providing an interdisciplinary approach that includes multiple pathways to assist employees. We are recommending that the EAP remain a neutral, independent, confidential program; working in a professional, cooperative, collaborative and appropriate manner with other campus-based professionals including Human Resources consultants, Occupational Health and Safety personnel and the University's Sexual Harassment Officer.

The components of such an occupational assistance program would be:

- an expanded on-site Employee Assistance Program including voluntary referrals and recommended referrals from manager, supervisors and union personnel
- an expanded direct access route to professional counselling utilizing the extended health benefits program that any employee can access independently from the EAP
- the current services offered by the Human Resources Department relating to disability management, health and wellness and return-to-work issues.

The Review Panel is in agreement that the EAP should have an on-site presence. This then leads to the inevitable question: is it better to have the EAP staffed by employees of the organization to deliver the service, or is it more advantageous to out-source the program to a local provider? Out-sourcing the EAP has the potential to enhance the sense of program neutrality and confidentiality and distance the EAP staff in appropriate manner from the internal dynamics of the University. However, internal staff have the opportunity to develop more casual relationships with various units and staff, thus

allowing for greater informal contact and use of the Program. These types of contacts can lend themselves to a “value added” dynamic without additional costs. This is a potentially important consideration in that when asked, participants in the review indicated that there were many other services they believed the EAP should be offering that are not currently available (see Appendix 8). As well, Table 3 has already highlighted the pros and cons of both internal and external EAP provider options.

However, the best alternative currently for the University of Saskatchewan is a model where the Program, while out-sourced, is delivered on-site. This can be accomplished without compromising the integrity of the Employee Assistance Program. The reviewers recommend that the EAP remain an independent, stand alone program, reporting through an EAP advisory committee who is accountable to the University through the Associate Vice President of Human Resources.

Formal Recommendations

1. Out-Sourced Provider

The EAP should be sourced to a **Saskatchewan-based (or other regional)**, EAP service provider² or counselling service for a period of three years, at which time the model be re-examined to determine if the *external, local, on-site* model is meeting the needs of the University of Saskatchewan community or if the University wishes to return to the original model wherein EAP staff are also employees of the University of Saskatchewan.

The contract should be granted to a local service provider that will guarantee consistency of staffing and service for the duration of the contract and that the same staff will be on-site providing core counselling services along with the other initiatives recommended below.

² As illustrated in Table 5, the majority of Western Canadian Universities currently use the external contracted provider model.

2. Staffing Needs

Additional resources need to be allocated to the EAP to provide for at least three full-time dedicated counsellors, both male and female, located on campus. In addition the EAP should be supported by at least one full-time Administrative Assistant.

3. Staff Qualifications

The counsellors should be at the Masters level of qualification or higher, be members of at least two different recognized counselling professions, and be members in good standing of their respective registered professional organizations, with a knowledge of occupational counselling and counselling approaches that are complementary but not a duplicate of each other's approach.

The Administrative Assistant should have superior computer skills and web design experience. Past experience working in an environment with confidential information would be a definite asset.

4. Staff Responsibilities

EAP staff should be responsible for assessment, referral, direct practice, education and promotion as well as involvement in any new organizational well-being initiatives that arise from *Recommendation 12* and Table 1. In addition, staff should collect data regarding EAP use and develop trending information to assist in the identification of emerging issues of import to the broader University community and to use this information to offer early-indicator workshops and other services to support employees.

EAP staff should accept recommended referrals from managers, supervisors and union officials. Upon receipt of signed informed consent EAP counselling staff should indicate to the individual who initiated the referral if the employee did meet with EAP counselling staff. No other information, clinical or personal, should be provided without signed, informed consent.

The administrative support person should perform the usual range of reception duties including booking appointments, answering questions regarding EAP access and coverage, greeting clients, assisting in the development of presentations, collecting data and updating and maintaining the EAP website.

5. Physical Space

The EAP should be located in a discreet location, on campus, physically distant from the Human Resources Department with an eventual goal of becoming part of a broader Wellness Centre. Accordingly, the physical environment of the EAP should be altered to include three counselling offices, a small conference room, a waiting room, a discrete entrance and exit system through two distinct doorways and more subtle signage.

6. Accountability

The out-sourced provider company should be accountable for staff selection (as per recommendations 1 and 2), supervision and staff compensation. The Saskatoon-based provider should be accountable for administrative and financial purposes through the EAP Advisory Committee to the Associate Vice President of Human Resources.

7. EAP Advisory Committee

The function of the EAP Committee should shift from being a management board to that of an advisory committee. Supervision of staff should become the responsibility of the out-sourced provider (recommendation 6) while the budget (recommendation 13) should become the responsibility of the AVP Human Resources.

In accordance with the University's new strategic vision the EAP Advisory Committee should consist of an equal number of labour and management representatives, which will necessitate a change to the various collective agreements. The committee should also include one representative of Human Resources and be led by two co-chairs, one representing management, the other labour. The EAP Advisory Committee should be accountable to the Associate Vice President of Human Resources for administrative and financial purposes.

8. External Benefits Provision

Regardless of how respected and professional an EAP is, not all university employees or their dependents will ever feel comfortable using this avenue of assistance. The University of Saskatchewan has an established extended benefits program in place that has been used to obtain assistance by those University employees who preferred not to voluntarily access the EAP. However, this benefit was limited in that employees and their family members could only use it to access the services of a registered psychologist. Thus, the extended benefits plans should be amended to allow for self referrals to external counsellors at the Masters Level or higher of any recognized counselling profession while the benefits plan should be extended to an upper limit of \$1000.00³ per employee or dependent per year.

9. Capping of Services

With at least three on-site counsellors the EAP will be better able to serve staff and families of the University of Saskatchewan using a brief, systems-orientated, solution focused approach. However, more complex problems and clients who would prefer an external-based counsellor to staff located on the University campus should still be referred to external specialists. Research has found that capping services at low levels serves limited clinical purpose and has limited financial benefit as long as external counsellors are clearly aware of the focus of the EAP and they are monitored appropriately. In a study of Canadian EAPs the average number of sessions in uncapped programs was five (see Appendix 9). Thus, along with and in support of counselling provided by the on site University of Saskatchewan EAP staff, a maximum of \$1000.00⁴ per employee or dependent per year should be allocated for those who access the EAP but who also require additional specialized external counselling supports.

³ This amount should be monitored regularly and adjusted upward as required.

⁴ This amount should be monitored regularly and adjusted upward as required.

10. EAP Policies and Procedures

As part of the restructuring of the EAP all existing policies and procedures pertaining to the Program should be collected into one document entitled *Employee Assistance Programs and Procedures* and using the Best Practices Guidelines presented in Table 2 any gaps found should be addressed in a distinct document within one calendar year including a clearly written statement of informed consent and confidentiality.

11. Employee Orientation

Once the renewed EAP is in place a more systematic formalized orientation program and ongoing promotion and awareness campaign be developed for all staff and family members including an easily recognizable and distinct EAP “brand” and design to develop a unique identity for this highly valued University resource. This process should be led by the campus-based EAP staff providing the opportunity to create a profile within the University community.

12. Workshops and Seminars

To further enhance the well being of the workplace the EAP should undertake or sponsor a regular series of proactive and preventative workshops/ seminars /brown bag lunches on issues pertinent to the well being of the workplace and the organization, again using the to be designed EAP “brand”. These too should be led whenever possible by the on campus EAP staff and when appropriate conducted in collaboration with Human Resources staff.

13. Budget

Table 6 illustrates the previous and recommended budgets for the University of Saskatchewan Employee Assistance Program.

Table 6: BUDGET

Item	Actual 2004	Actual 2005	Recommended Budget
Salary & Benefits	\$148,269.10	\$155,462.14	\$301,600.00*
Materials & Supplies	\$4,282.18	\$4,190.54	\$20,000.00**
Travel & Prof. Develop	\$2,661.00	\$2,661.00	\$0.00 ***
Counselling Fees	\$66,697.70	\$64,124.91	\$65,000.00
Equipment	\$606.00	\$606.00	\$0.00 ***
Facilitator Fees	\$3,500.00	\$3,500.00	\$0.00 ***
Miscellaneous	\$80.00	\$0.00	\$0.00 ***
Space Rental	\$0.00	\$0.00	\$0.00
Renovation/ Relocation			To be determined
Total	\$220,742.03	\$223,173.59	\$386,600.00 Plus renovation/ relocation costs

* three professional staff at an average salary of \$72,500.00
one administrative staff at a salary of \$42,500 including benefits at 16%

** including honourium for external workshop speakers as per
recommendation 12.

*** now the responsibility of the external provider

14. Change Management Process

Recommendation 1 speaks to the out-sourcing of the Employee Assistance Program. Once this recommendation has been approved, a communication plan should be immediately developed. This plan should include an announcement that the current EAP will be undergoing a reorganization and, consequent to this, the present staff will

be exiting from the University. In the event that a permanent provider is not selected by the time the present EAP staff exit, then the announcement of interim coverage will need to be identified and communicated.

CLOSING ISSUES

Recommendations 11 and 12 are supported by the results of the EAP Program Components survey (Appendix 8). All participants in the review had the opportunity to complete a checklist indicating what services they believed were being provided by the EAP and which they thought should be provided based upon the options listed in Table 1. The EAP staff were then asked to complete the same instrument indicating what they were actually doing. The summary indicates that there does not exist uniform nor accurate knowledge regarding what the EAP currently does and does not provide even among those most interested and passionate about the program. The results also indicate that there is a desire to grow and expand the program beyond what it already does which also aligns with the University of Saskatchewan's mission to enhance the workplace environment. This should be taken into consideration when deciding how EAP services should be delivered by staff. Among prominent additions that were desired was 24 hour program access, a greater use of peers as supports and enhanced proactive organizational wellness initiatives. However, as this was not a random or representative sample of the University population the results are not generalizable and are thus not conclusive of the views of the entire campus community. This is the main reason that we believe that a more comprehensive, systematic and representative needs assessment be completed once the new EAP model is up and running.

As well, no one during the focus group sessions or individual interviews was able to suggest a way to best calculate the ROI of the EAP. That is somewhat heartening as

EAP evaluators have been attempting to do so for decades with limited success. Appendix 11 summarizes the results of all the cost-benefit and process evaluations conducted in Canada and the United States and presented in peer review journals over the past 20 years. In reviewing these studies two points should be noted. First, each study indicated a positive ROI and second there is no standardized criteria for evaluating ROI.

Another critical factor to consider when examining cost return is the age of the EAP. A new EAP should return much more than a mature EAP, since a greater majority of more severe issues will likely be addressed earlier in a successful EAP's evolution, while as an EAP matures many individuals voluntarily come forward earlier in the crisis process or before a crisis occurs. In these instances there is actually no cost savings to the organization as the intervention occurred typically before the problem became a significant issue in the workplace. Thus, mature EAPs actually become secondary rather than tertiary treatment as is the case with the University of Saskatchewan's EAP.

REFERENCES

- Allen, P., Csiernik, R., Cunningham, B., Dunbar, B., French, P., & Hodgson, H. (1993). *The fast track to EAP*. Toronto: The Addiction Research Foundation.
- Csiernik, R. (1993). The role of mutual aid/self-help in North American occupational assistance: Past, present and future. *Employee Assistance Quarterly*, 9 (2): 21-45.
- Csiernik, R. (1992). The evolution of Employee Assistance Programming in North America. *Canadian Social Work Review*, 9 (2): 214-228.
- Csiernik, R. (1996). Occupational social work: From social control to social assistance? *The Social Worker*, 64 (3): 67-74.
- Csiernik, R. (2002). An overview of Employee and Family Assistance Programming in Canada. *Employee Assistance Quarterly*, 18 (1), 17-34.
- Csiernik, R. (2003). A review of Canadian EAP Policies. *Employee Assistance Quarterly*, 18(3), 33-43.
- Csiernik, R. (2005a). *Wellness and work: Employee Assistance Programming in Canada*. Toronto: Canadian Scholars Press.
- Csiernik, R. (2005b). What we're doing in EAP: Meeting the challenge of an integrated model of practice. *Journal of Employee Assistance and Workplace Behavioral Health*, 21(1).
- Csiernik, R., Atkinson, B., Cooper, R., Devereux, J. & Young, M. (2001) An examination of a combined internal-external program: The St. Joseph's Health Centre Employee Counselling Service. *Employee Assistance Quarterly*, 16 (3), 37-48.
- Csiernik, R., & Troller, J. (2002). Evaluating the effectiveness of a relapse prevention group. *Journal of Social Work Practice in the Addictions*, 2(2), 29-37.
- Dawson, D.A. (1996). Gender differences in the probability of alcohol treatment. *Journal of Substance Abuse*, 8, 211-225.
- Didham, S. & Csiernik, R. (2006) Does Sex Matter? Gender Differences In Addiction Counselling. *Addiction Professional*.
- Employee Assistance Society of North America (2006). *Code of Ethics*.

Hodgins, D.C., El-Guebaly, N., & Addington, J. (1997). Treatment of substance abusers: single or mixed gender programs? *Addiction*, 92(7), 805-812.

Jarvis, T.J. (1992). Implications of gender for alcohol treatment research: a quantitative and qualitative review. *British Journal of Addiction*, 87, 1249-1261.

Macdonald, S., Csiernik, R., Durand, P., Rylett, M. & Wild, T.C. (2006). Prevalence and factors related to Canadian workforce health programs. *Canadian Journal of Public Health*, 97(2), 121-125.

APPENDICIES

1. Review Committee Biographies
2. Documents Reviewed
3. Site Visit Agenda
4. Consent Forms
5. Focus Group Questions
6. EAP Program Component Survey
7. Utilization and Penetration Rate
8. EAP Program Component Survey Results
9. EAP Capping – Study Results
10. Summary of EAP Outcome and Process Studies

APPENDIX ONE

Review Committee Biographies

Dr. Richard Csiernik

Dr. David Hannah

Dr. James Pender

RICHARD PAUL CSIERNIK

Rick Csiernik received his B.A, B.Sc. and B.S.W. from McMaster University in Hamilton, Ontario. He holds a M.S.W. from the University of Toronto, a Graduate Diploma in Social Administration from Wilfrid Laurier University in Waterloo, Ontario and his Ph.D. in Social Work from the University of Toronto. He is Full Professor and Graduate Studies Coordinator at the King's University College School of Social Work, University of Western Ontario, London, Ontario where he teaches Research, Group Work, Field Practice and Addictions.

Rick's research interests include workplace wellness, Employee Assistance Programming, addiction, program evaluation, spirituality and social work field practice. Rick is the author of 40 peer reviewed articles, having been published in Evidence-Based Social Work Practice, American Occupational Health Nursing Journal, Canadian Social Work, Evaluation and Program Planning, Employee Assistance Quarterly, Psychiatric Services, Journal of Social Work Practice in the Addictions, Canadian Journal of Public Health, Canadian Review of Social Policy, Canadian Review of Social Work, Employee Assistance Research Supplement and Mediation Quarterly. He has also written and edited three books: *Wellness and Work: Employee Assistance Programming in Canada* and *Responding to the Oppression of Addiction (with Dr. Bill Rowe)*, published by Canadian Scholars Press along with *An Introduction to Substance Use and Abuse: Theory and Practice* published by Addictions Ontario.

Rick has been an invited and peer reviewed presenter to over 50 national and international conferences including the International Federation of Social Workers, Canadian Association of Social Workers, Society for Social Work Research, Employee Assistance Society of North America , Employee Assistance Professionals Association, Conference on Psychological Disabilities in the Workplace, Learned Societies Congress, Input, National Conference on Provincial Social Welfare Policy, National Alternative Dispute Resolution Conference, Recovery in the Millennium, Countermeasures, Concerns Canada Institute on Addiction Studies, Addiction Intervention Association Annual General Meeting, New Brunswick EAP Association, Newfoundland EAP Association, Manitoba EAP Association, Alberta EAP Conference, Niagara EAP Council, Hamilton-Wentworth Halton EAP Council, Windsor and Essex EAP Association and Telemedicine Canada.

Rick developed the EAP Studies Diploma Program at McMaster University, the first of its kind in Canada and continues to teach in the Addiction Studies program where he was recipient of Instructor of the Year Award in 1997 as well as having been on the Dean's Honour Roll of Teaching Excellence at King's University College on seven occasions. Rick has also been a consultant to the Canadian Department of National Defence, Canadian Centre on Substance Abuse, Addiction Intervention Association and Canadian Mental Health Association. Prior to returning to pursue doctoral studies Rick worked for the Social Planning and Research Council of Hamilton-Wentworth and for the Addiction Research Foundation as a community consultant.

David Hannah, Ph.D.

Since 1981 David Hannah has gained wide-ranging experience in a variety of areas of student and registrarial services in Alberta, British Columbia, and Saskatchewan. He has worked as an advisor, counsellor, registrar, and college/university administrator, has led the implementation of student information systems at three institutions, and participated in the start-up of a college in the Middle East and of the Technical University of BC. In 2002 he was appointed Associate Vice-President, Student and Enrolment Services at the University of Saskatchewan.

Dr. Hannah received his Bachelor's degree (with distinction) in Secondary Education from the University of Calgary, his Master's degree in Counselling Psychology from the University of Alberta, and his Ph.D. in Higher Education & Student Affairs from Bowling Green State University in Ohio. David has extensive knowledge in the areas of student affairs, student development, and student information systems. He has a particular interest in and knowledge of legal issues affecting Canadian postsecondary students, and has made presentations on student legal issues at numerous regional, national and international conferences. He is the author of "Postsecondary Students and the Courts in Canada: Cases and Commentary from the Common Law Provinces" (1998).

David Hannah joined the University of Saskatchewan in April of 2002 to lead the newly formed Student & Enrolment Services Division. As Associate Vice-President of the new Division, which brought together Student Affairs & Services and the Office of the Registrar, Dr. Hannah is enthusiastic about guiding the transformation of student services at the University towards a truly student-centred model. "Rather than running the student around the university's bureaucracy, we are asking ourselves, 'what do students need?'" says Hannah, "and then building our services and programs around these needs." The new Student & Enrolment Services Division integrates services assisting both students and the University—from recruitment to registration to student support to records—in a model aimed at making the student experience positive and productive.

As Associate Vice-President of Student & Enrolment Services, David Hannah oversees all four units of the Division. The Associate Vice-President's Office maintains a close relationship with other administrative and academic offices on campus, and with the wider University community, to ensure that the functions and services of SESD serve the University, its students and the Saskatchewan public.

Dr. James Stephen Pender, MSW Ph.D.(Ed.)

Completed Degrees

- Bachelor of Arts – University of Western Ontario (1981)
- Bachelor of Social Work – University of Calgary (1989)
- Master of Social Work – University of Calgary (1993)
- Ph. D., Educational Research – University of Calgary (2000)

Credentials & Certifications

- Certified Human Resource Professional (CHRP)
- Internationally Certified Alcohol & Drug Counsellor (ICADC)
- Registered Social Worker (RSW) with the Alberta College of Social Workers
 - ▶ Member, Clinical Specialty Registry; Private Practice Roster
- Certified Administrator of Myers-Briggs Type Indicator (MBII) and the Strong Interest Inventory
- Trained Administrator of Human Synergistics – Measuring Individual Leadership Style and Organizational Culture
- Trained in various psychometrics to assist individuals and organizations regarding performance management issues.

Jim is currently a principal with *Byrnes, Pender & Associates*, a provider of integrated Occupational Health and Employee & Family Assistance Program services. He has completed four degrees including a Master of Social Work (Clinical Specialization) and a Ph.D. in Educational Research. A registered social worker (RSW) with the Alberta College of Social Workers and a Certified Human Resources Professional (CHRP), Jim also holds an International Certification as an Alcohol & Drug Counselor (ICADC). Jim has worked in the transportation, agricultural, educational, oil & gas, and professional services sectors and has held senior human resources positions in the areas of Organizational Development, Performance Management, and Employee Assistance.

He is a current member of the board of directors for the Calgary Women's Emergency Shelter and is a member of the Human Resources Committee for the Calgary Chamber of Commerce. In addition to this, he is a past member of the Board of Directors for the Alberta Law Foundation, the Alberta Adolescent Recovery Centre, and the Family Resource Centre.

APPENDIX TWO

Documents Reviewed

Documents Reviewed

Administrative and Supervisory Personnel Association Memorandum of Agreement, Employee Assistance Program, 2002

Critical Incident Response Protocol: Employee Assistance Program

CUPE 1978 Memorandum of Agreement, Employee Assistance Program, 2001

CUPE 3287 Memorandum of Agreement, Employee Assistance Program, 1994

Employee Assistance Program Annual Report, 2002

Employee Assistance Program Annual Report, 2003

Employee Assistance Program Annual Report, 2004

Employee Assistance Program Annual Report, 2005 (January 1 – June 30)

Employee Assistance Program Board Membership

Employee Assistance Program Budget, 2003

Employee Assistance Program Budget, 2004

Employee Assistance Program Budget, 2005

Employee Assistance Program Committee Background Memorandum, 1986

Employee Assistance Program Committee Minutes 2004-2005

Employee Assistance Program Committee Report to the Joint Committee for the Management of the Agreement, 1986

Employee Assistance Program Committee Proposal to Board of Governors Background Paper, 1989

Employee Assistance Program Goals, Objectives and Mission Statement

Employee Assistance Program Information Page, undated

Employee Assistance Program Job Descriptions

Employee Assistance Program, Integrated Planning Proposal, 2003

Employee Assistance Program Promotional Brochure, undated

Employee Assistance Program Self Study

External Counsellors education and credentials documents

Human Resources, University of Saskatchewan, Submission to the EAP Review Panel

Report to the Budget Committee on Integrated Plans related to Risk Management and Corporate Administration, 2004 (Greer, Wang & Adesina)

Storch Evaluation of the Employee Assistance Program, 1994

University of Saskatchewan Faculty Association

Memorandum of Agreement No. 7 Employee Assistance Program, 2002

University of Saskatchewan, A New Vision for Human Resources. Transforming Human Resources into a Strategic Asset. Human Resources Division Multi-Year Plan, 2003-2007. January 2004.

University of Saskatchewan Strategic Documents: Renewing the Dream A Framework for Action

APPENDIX THREE

Site Visit Agenda

University of Saskatchewan Employee Assistance Program Review

Site Visit Agenda

Wednesday December 14, 2005

- 9:30 am Dr. Pender – individual meetings with clients & service providers
(30 minute time slots with 15 minutes between sessions)
- 4:00 pm Meeting of review team with client group
- 6:00 pm Dinner meeting of Review Panel

Thursday December 15, 2005

- 8:30 am Focus Group - EAP staff
- 10:30 am Focus Group - Representatives of service providers
- 12:15 am Focus Group - EAP Advisory Board with lunch
- 2:15 pm Focus Groups - Representatives of major bargaining units
- 4:00 pm Focus Group - Administrators and Managers

Friday December 16, 2005

- 9:00 am Focus Group - Human Resources and affiliated staff
- 11:00 am Meeting of Review Panel
- 12:00 pm Concluding Meeting with Review Panel
- 1:00 pm Dr. Pender & Dr. Hannah
– Administrators focus group meetings
- 2:30 pm Individual Meetings – Dr. Pender

January, 2006

- Dr. Pender – individual meetings with clients & service providers
(45 minute time slots with 15 minutes between sessions)

APPENDIX FOUR

Consent From

Memorandum

From: Dr. Rick Csiernik, Dr. James Pender and Dr. David Hannah

Re: University of Saskatchewan Employee Assistance Program Review

Date: December 6, 2005

Greetings and thank you for agreeing to participate in the Employee Assistance Program (EAP) review that the University of Saskatchewan is undertaking. All three members of the Review Panel appreciate the time you will be taking from your regular responsibilities to meet with us and thus wish to maximize that time. Thus, attached please find:

1. A schedule of group meeting times and locations
2. Two copies of the consent form, one for you to retain for your records and one to bring to your review meeting as this component of the EAP review process MAY be included as part of a journal article being prepared on the University's EAP
3. A copy of the questions to be asked during your review meetings to allow you to prepare your thoughts in advance
4. A copy of a pre-interview EAP components questionnaire for you to complete prior to the meeting and return with your consent form

Should you have any questions in advance of the meeting please do not hesitate to contact the panel lead, Dr. Csiernik of the School of Social Work, King's University College School at The University of Western Ontario at rcsierni@uwo.ca.

CONSENT FORM
for a research study examining

THE UNIVERSITY OF SASKATCHEWAN
EMPLOYEE ASSISTANCE PROGRAM

FOCUS GROUP PHASE

Thank you for taking the time to assist in this research study and program review that is examining the activities and future direction of the University of Saskatchewan Employee Assistance Program (EAP). This study is being conducted by Dr. Richard Csiernik, a Professor at the School of Social Work, King's University College at the University of Western Ontario, Dr. James Pender of Calgary, Alberta and Dr. David Hannah of the University of Saskatchewan. You are under no obligation to participate in the session, may leave at any time or may opt not to answer any or all questions posed.

Your responses to the questionnaire and during the focus group session will remain confidential. The data collected from six (6) focus groups will be presented only in aggregate form though there may be individual quotes used in the review document or subsequent journal article. In this case no identifying information will be associated with your quote. The individual questionnaire that you will be asked to complete should take less than five minutes of your time while your focus group meeting should take approximately ninety minutes. The focus groups will be tape recorded but this is only for the principle investigator's (Dr. Csiernik) use to confirm discussion in the groups. All tapes will be housed at King's University College at The University of Western Ontario, London, Ontario for five years at which time they will be destroyed. If you are unsure of a question please do not hesitate to ask. If you are uncomfortable about answering a question you are under no obligation to respond. You are also free to leave the session at any time.

Participant's Acknowledgement of the Research Process:

I have read the above statement and have been informed of the purpose of this research. By signing this consent form I still understand that my taking part in the study remains entirely voluntary and I know that I may end my participation at any time. I may also choose not to answer any question with which I am not comfortable or leave at any time during the session.

Signature

Date

APPENDIX FIVE

Focus Group Questions

Focus Group Questions

1. What do you see as the role of the EAP program at the University of Saskatchewan?
2. Tell us a bit about how you see the EAP. Is it a stand alone service or is it integrated with other services such as occupational health and safety, occupational health, human resources? To what extent should it be?
3. In your opinion how should the EAP be situated within the University environment in terms of reporting relationship to best meet the needs of the three stakeholder groups: university administration, employees and the providers of service?
4. What are the greatest strengths of the current EAP program? What does it do well?
5. What do you see as the major weaknesses or shortfalls of the current program?
What doesn't it do well?
6. Are there things the EAP should not be doing that it is currently involved in?
7. What innovative programs are in place, or could be developed to increase resilience and prevent the need for employee absence in the first place? Where does the EAP fit into this?
8. Of the services currently being offered what should be done by in-house staff versus outside contractors?
9. Who currently does the EAP serve in your opinion and whom should it serve?
10. How does the EAP determine success in your opinion?
11. How should success be determined?
12. Any final thoughts or comments that you'd like to discuss before we wrap up?

APPENDIX SIX

EAP Program Component Survey

EAP PROGRAM COMPONENTS SURVEY

Please check off all areas of programming that the University of Saskatchewan EAP provides.

- () one-to-one counselling by formally trained counselling professionals (social workers, psychologists, addiction counsellors and/or other related helping professionals)
- () crisis intervention, brief solution-focused counselling or case management for employees
- () crisis intervention, brief solution-focused counselling or case management for family members
- () educational seminars and/or workshops to the workforce (*problem focused*)
- () voluntary health screenings or wellness appraisals
- () self-care activities (library, reading materials with a prevention focus)
- () critical incident debriefings conducted by **professional** counsellors
- () 24 hour program crisis access/consultation
- () follow up for employees absent from work for an extended period of time from the workplace to inquire if any additional, non-financial, assistance is required
- () use of peer supports (union counsellors, referral agents, peer resource teams and/or peer advisors) to aid employees access appropriate forms of assistance and/or to provide on-going social support
- () use of community-based self-help groups as an adjunct to individual assistance
- () on-site self-help groups
- () respond to critical incident situations with trained **peer** debriefers
- () provision of worksite wide health promotion, safety and/or critical incident awareness and related wellness education programs (*prevention focus*)
- () provide consultation and training for ongoing organizational intervention, development and change including team-building initiatives
- () enhance the health of work units through the provision of technical assistance including mediation or conflict-resolution services on both individual and organizational issues
- () participate in EFAP groups external to the workplace for EFAP advocacy related issues
- () team building exercises and activities to educate workers about expectations, rights and responsibilities of being a team or group member
- () development of or assistance with mutual aid group(s) open to employees that examine stressors both internal and external to the workplace affecting individual and group wellness
- () development of or assistance with work unit support groups to decrease work related stress and to act as problem solving and/or peer social support groups

**Please check off all areas of programming that the University of Saskatchewan
EAP DOES NOT PROVIDE BUT YOU BELIEVE IT SHOULD**

- () one-to-one counselling by formally trained counselling professionals (social workers, psychologists, addiction counsellors and/or other related helping professionals)
- () crisis intervention, brief solution-focused counselling or case management for employees
- () crisis intervention, brief solution-focused counselling or case management for family members
- () educational seminars and/or workshops to the workforce (*problem focused*)
- () voluntary health screenings or wellness appraisals
- () self-care activities (library, reading materials with a prevention focus)
- () critical incident debriefings conducted by **professional** counsellors
- () 24 hour program crisis access/consultation
- () follow up for employees absent from work for an extended period of time from the workplace to inquire if any additional, non-financial, assistance is required
- () use of peer supports (union counsellors, referral agents, peer resource teams and/or peer advisors) to aid employees access appropriate forms of assistance and/or to provide on-going social support
- () use of community-based self-help groups as an adjunct to individual assistance
- () on-site self-help groups
- () respond to critical incident situations with trained **peer** debriefers
- () provision of worksite wide health promotion, safety and/or critical incident awareness and related wellness education programs (*prevention focus*)
- () provide consultation and training for ongoing organizational intervention, development and change including team-building initiatives
- () enhance the health of work units through the provision of technical assistance including mediation or conflict-resolution services on both individual and organizational issues
- () participate in EFAP groups external to the workplace for EFAP advocacy related issues
- () team building exercises and activities to educate workers about expectations, rights and responsibilities of being a team or group member
- () development of or assistance with mutual aid group(s) open to employees that examine stressors both internal and external to the workplace affecting individual and group wellness
- () development of or assistance with work unit support groups to decrease work related stress and to act as problem solving and/or peer social support groups

Thank you for completing the questionnaire.

APPENDIX SEVEN

Utilization and Penetration Rates

Utilization Rates

How Utilization Rate Is Calculated (n=154)

- 19 no response
- 15 defined by service provider
- 10 not calculated
- 6 do not know

- 39 new files/employees (ongoing files not included)
- 21 family + employees/total employees
- 14 only employees using/employees (family can use)
- 7 number of referrals/employees
- 4 staff + families + retirees/employees
- 3 employees only/employees (no family service offered)
- 3 counselling sessions/employees
- 1 number of calls/employees
- 1 number of visits/employees
- 1 new clients + carry overs + families/employees
- 1 individual counselling + group sessions/employees
- 1 new cases /household
- 1 employee + families/employees + families
- 1 families per year/employees
- 1 employees + retirees/employees + retirees
- 1 hours of service provided
- 1 our utilization rate is actually a guess. I tend to focus more on costs

2 calculations

- 2 employee use/employee population
as well
as
employees + dependents/employee population

- 1 number of people / employees
as well
as
number of contacts/employees

How A Case Is Defined (n=154)

20	defined by service provider
8	no response
6	varies
6	do not know
2	do not calculate
32	one new family or one individual = 1 case
31	phone call or visit
18	actual face-to-face counseling session
7	2 individuals = 2 cases, 5 family members = 5 cases
5	each new problem is a new case even if it is the same person
5	15 minute phone contact
3	family member counted with employee as one case
2	any contact that leads to referral
2	if client file closed and then client returns in the same year = new case
1	defined by area of service counseling versus group - 1 client can be 2 cases
1	every 12 hours of counselling is a new case
1	45 minute phone contact
1	4 phone contacts or one visit
1	only a case once treatment plan developed
1	only new clients, any repeat client is not a new case
1	couple together = 1, couple apart =2

EAP Utilization Scorecard:
Assessing Utilization and Penetration
Rates

1. Total Number of Employees=	Ne
2. Total Number of persons eligible to use EAP=	Np
3. Total number of employees using EAP counselling services =	E
4. total number of face-to-face counselling sessions =	E1
5. total number of telephone counselling sessions =	E2
6. total number of e-counselling sessions=	E3
7. average number of individual sessions/employee=	$Ea = (E1+E2+E3)/E$
8. Total number of retirees using EAP counselling services =	RE
9. total number of counselling sessions =	RE1
10. total number of telephone counselling sessions =	RE2
11. total number of e-counselling sessions=	RE3
12. average number of sessions/retired employees=	$REa = (RE1+RE2+RE3)/RE$
13. Total number of family members using EAP counselling services=	F
14. total number of counselling sessions=	F1
15. total number of telephone counselling sessions =	F2
16. total number of e-counselling sessions=	F3
17. average number of sessions/family member=	$Fa = (F1+F2+F3)/F$
18. Total number of persons participating in group sessions =	G
19. total number of group counselling sessions =	Gs
20. average number per group =	$Ga = G/Gs$
21. Total number of debriefing participants =	D
22. Total number of debriefing sessions =	Ds
23. average number of participants per debriefing =	$Da = D/Ds$
24. Total number of employees involved in consultations/mediations =	CM

25. total number of consultation/mediation sessions =	CMs
26. average number of employees per consultation/mediation =	$CMA = CM/CMs$
27. Total number of participants in educational workshops/seminars =	W
28. total number of educational workshops/seminars =	Ws
29. average number of participants per educational workshop/seminar =	$Wa = W/Ws$
30. Total number of employees making referral agents contacts =	RA
31. total number of referral agent contacts=	Rac
32. average contacts per referral agent =	$Raa = RA/Rac$
33. Total number of telephone inquiries =	T
34. Total EAP Utilization Rate =	$TUR = E+R+F/Ne$
35. Employee EAP Utilization Rate =	$EUR = E/Ne$
36. EAP Penetration Rate =	$PR = E+RE+F+G+D+CM+W+RA+T/Ne$

APPENDIX EIGHT

EAP Program Component Survey Results

EAP PROGRAM COMPONENTS SURVEY RESULTS

WHAT IS BEING PROVIDED (n=44)	Is Provided	Stated Was Provided (%)
One-to-one counselling by formally trained counselling professionals	Yes	95.5
Crisis intervention, brief solution-focused counselling or case management for employees	Yes	93.2
Crisis intervention, brief solution-focused counselling or case management for family members	Yes	90.1
Educational seminars and/or workshops to the workforce (<i>problem focused</i>)	Previously	72.7
Voluntary health screenings or wellness appraisals	No	11.4
Self-care activities (library, reading materials with a prevention focus)	Yes	68.2
Critical incident debriefings conducted by professional counsellors	Yes	65.9
24 hour program crisis access/consultation	No	22.7
Follow up for employees absent from work for an extended period of time from the workplace	Partial	31.8
Use of peer supports to aid employees access appropriate forms of assistance and/or to provide on-going support	Previously	43.2
Use of community-based self-help groups as an adjunct to individual assistance	Yes	65.9
On-site self-help groups	No	11.4
Respond to critical incident situations with trained peer debriefers	No	31.8
Provision of worksite wide health promotion, safety and/or critical incident awareness and related wellness education programs (<i>prevention focus</i>)	Yes	36.4
Provide consultation and training for ongoing organizational intervention, development and change i.e. team building	No	38.6

EAP PROGRAM COMPONENTS SURVEY RESULTS

WHAT IS BEING PROVIDED (n=44)	Is Provided	Provided (%)
Enhance the health of work units through the provision of technical assistance including mediation or conflict-resolution services on both individual and organizational issues	Minimal	59.1
Participate in EFAP groups external to the workplace for EFAP advocacy related issues	Yes	36.4
Team building exercises and activities to educate workers about expectations, rights and responsibilities of being a team or group member	No	20.5
Development of or assistance with mutual aid group(s) open to employees that examine stressors both internal and external to the workplace affecting individual and group wellness	No	20.5
Development of or assistance with work unit support groups to decrease work related stress and to act as problem solving and/or peer social support groups	No	36.4

EAP PROGRAM COMPONENTS SURVEY RESULTS

WHAT ADDITIONAL SERVICES SHOULD BE PROVIDED (n=44)	Is Provided	Stated Should Be Provided (%)
One-to-one counselling by formally trained counselling professionals	Yes	0
Crisis intervention, brief solution-focused counselling or case management for <u>employees</u>	Yes	6.8
Crisis intervention, brief solution-focused counselling or case management for <u>family members</u>	Yes	4.5
Educational seminars and/or workshops to the workforce (<i>problem focused</i>)	Previously	15.9
Voluntary health screenings or wellness appraisals	No	11.4
Self-care activities (library, reading materials with a prevention focus)	Yes	20.5
Critical incident debriefings conducted by professional counsellors	Yes	13.6
24 hour program crisis access/consultation	No	27.3
Follow up for employees absent from work for an extended period of time from the workplace	Partial	31.8
Use of peer supports to aid employees access appropriate forms of assistance and/or to provide on-going support	Previously	27.3
Use of community-based self-help groups as an adjunct to individual assistance	Yes	11.4
On-site self-help groups	No	36.4
Respond to critical incident situations with trained peer debriefers	No	22.7
Provision of worksite wide health promotion, safety and/or critical incident awareness and related wellness education programs (<i>prevention focus</i>)	Yes	27.3
Provide consultation and training for ongoing organizational intervention, development and change ie team-building	No	15.9
Enhance the health of work units through the provision of technical assistance including mediation or conflict-resolution services on both individual and organizational issues	Minimal	11.4
Participate in EFAP groups external to the workplace for EFAP advocacy related issues	Yes	18.2
Team building exercises and activities to educate workers about expectations, rights and responsibilities of being a team or group member	No	27.3
Development of or assistance with mutual aid group(s) open to employees that examine stressors both internal and external to the workplace affecting individual and group wellness	No	41
Development of or assistance with work unit support groups to decrease work related stress and to act as problem solving and/or peer social support groups	No	22.7

APPENDIX NINE

EAP Capping – Study Results

The Debate on Capping EAP Services

The capping of service has always been a contentious issue in EAP. Based upon a national survey of 150 organizations from both the public and private sector the following was discovered, seventy-two (46.8%) organizations did cap EAP use while 78 (50.6%) did not. Three (1.9 %) organizations had a monetary cap rather than a limit on the actual number of sessions allowed. One organization allowed only two sessions, while two allowed for three and four for four. In reality these are not EAPs but rather assessment and referral services and it is somewhat a misnomer to include them in the research. In each of these cases the average number of sessions was the cap. For organizations with a capped service from five to twelve sessions the average number of counselling sessions was 5.1 while for the 78 non-capped organizations the average was 5.0. Simply stated, there was no difference in the average number of sessions between the two groups. Capping did not provide any real savings and in fact where services were capped at eight, ten or twelve, average use by employees and family members was greater than in instances where no formal cap was in place. This finding was not influenced by whether the organization was public or private sector nor who initiated the program. EAPs that used internal volunteers were the type of program most likely not to have a capped number of counselling sessions (50%). Just under one third of programs using internal professional service providers did not have a cap in place while 80.8% of programs with an external service provider did have a formal cap on service provision.

Service Capping (n=150)

Number of Sessions Allowed	Average Number of Sessions	Frequency	%
No Limit	5.0	78	52.0
2	2.0	1	0.7
3	3.0	2	1.3
4	4.0	4	2.7
5	3.4	11	7.3
6	4.8	23	15.3
8	5.3	11	7.3
10	6.4	11	7.3
12	8.0	6	4.0
Financial Cap	3.3	3	2.0

Source: Csiernik, R. (2002). An overview of Employee and Family Assistance Programming in Canada. *Employee Assistance Quarterly*, 18 (1), 17-34.

APPENDIX TEN

Summary of EAP Outcome and Process Studies

Canadian Cost-Benefit Reports 1978 - 1990

Author	Bennett	Bennett	Bennett	Chandler, et al
Year	1978	1978	1978	1988
Workplace	General Motors, Oshawa	Chevrolet Canada	Fisher Body Plant	Seagram Distillery Amhersturg, Ont.
EAP Delivery	Internal	Internal	Internal	Internal
Method	pre-post client evaluation n=192	pre-post client evaluation	pre-post client evaluation n=95	self report questionnaire organization records n=86
Study Time Frame	3 years	40 months	2 years	8 years
Variables Examined:	absenteeism health claims sick benefits grievances WCB claims WCB costs	disciplinary action grievances accidents sick leave health claims	absenteeism health claims grievances accidents disciplinary action	absenteeism accidents disciplinary action grievances visits to medical
Outcome	decreases found in: lost time: 81.9% sick claims: 84.1% sick benefits: 80.0% WCB claims: 60.0% No changes in: grievances WCB costs	decreases found in: disciplinary action: 52% grievances: 49% accidents: 47% sick leave: 37% sick claims: 22%	decreases found in: lost time: 41% sick benefits: 55% grievances: 52% accidents: 31% disciplinary actions: 51%	Absence rates half four years post-EAP use. Decrease in both accident and grievance rates both lower Majority of program users would recommend EAP to peers

Canadian Cost-Benefit Reports 1978 - 1990

Author	Groeneveld, et al	Newman	Ontario Addiction Research Foundation	Sargent & Tepperman
Year	1984	1983	1990	1987
Workplace	Canadian National Rail	Manitoba Telephone USWA Local 6166 St. Boniface Hospital Winnipeg, Manitoba	Ontario Organization	Central Ontario Grocers
EAP Delivery	Internal	Internal	Internal	Internal
Method	pre-post job performance of formal referrals	employee survey organizational records client survey	pre-post job performance n=116	pre-post job performance n=24
Study Time Frame	2 years	1 year	2 years	18 months
Variables Examined:	absenteesim lateness health claims performance co-worker conflict	absenteeism performance retention problem resolution	health claims sick days health benefits	abseenteeism lateness performance
Outcome	decreases found in: absenteesim: 45.9% lateness: 50.0% health claims: 55.6% work performance issues: 65.8% co-worker conflict: 76.9%	EAP use found to improve capacity to perform job and improved employee situation. Absenteeism rate decreased. High level of trust of program by users.	decreases found in: sick claims: 42.4% sick days: 21.% sick benefits: 32.5%	Cost savings on three variables \$47,500 with a 60% improvement in performance EAP paid for itself within one year of implementation

Cost-Benefit Reports (1990s)

Author	Blaze-Temple & Howatt	Bruhnsen	Collins	Conlin, Amaral & Harlow
Year	1997	1994	1998	1996
Workplace	Hospital Laundry & Linen Perth, Australia	Uni. of Michigan Medical Center, Ann Arbor	Chevron Corporation	Southern California Edison
Workforce Size	400	8000		
EAP Delivery	External	Internal	Internal	Internal
Method	quasi-experimental multiple time series 2 pre - 3 post EAP use	matched cohort of 122 former EAP clients	Review of all EAP files from 1990-1994 n=11,773	Matched cohort of employees with substance abuse claims
	EAP counselling vs. Self-arranged vs. No counselling	Groups matched by age, sex, education, job class & years of service	Safety rates: program users vs non-users Retention Rates: 1992 CATOR study baseline	30 employees EAP use 29 no EAP contact - only managed care use
Study Time Frame	2.5 years	5 years	retention rates: 10 years productivity: 4 years accident rates: 3 years	30 months
Variables Examined:	absenteeism compensation claims sick time retention	retention sick time	accidents productivity retention	medical costs
Outcome	Self-arranged counselling produced the most cost savings as there is no program cost to the employer. EAP was cost neutral.	EAP clients had a higher retention rate and no difference in sick days leading to a cost savings of \$65, 341	Cost return of 14:1 Few substance abusing employees fired. Improvements in both supervisory referalls (mean 50%) & self- referred (mean 5%) clients Safety rates identical	EAP users had higher initial addiction treatment costs but subsequently lower mental & physical health care costs EAP users had 38% less medical costs over 30 month post-treatment period

Cost-Benefit Reports (1990s)

Author	Editorial Board	Schear	Stephenson & Bingaman	Yandrick	Yandrick
Year	1993	1995	1999	1992a	1992b
Workplace	McDonnell Douglas	Burlington-Northern	United States	Orange County Florida	Virginia Power
Workforce Size	United States		Postal Service	Public Schools	Richmond, Virginia
EAP Delivery	130,000 Internal		900,000 Internal	19,000 Internal	12,000 Internal
Method	Comparison of EAP users to those with problems who sought help outside the EAP to a control group of those without substance abuse of mental health issues	Comparison of costs the month prior to EAP use to one year after EAP use	Prospective cost-benefit analysis using first time EAP users	Comparison of health costs in one year using 5 sets of 25 employees tiered across 4 years of EAP use compared to 25 non-program users	Pre-Post EAP use comparison to those using behavioral health benefits
Study Time Frame	5 years	1 year	5 year prospective	5 years	8 years
Variables Examined:	absenteeism medical costs termination	absenteeism accidents/injuries medical costs performance workers' compensation	absenteeism benefit costs Cost of EAP	medical costs sick time	benefit costs medical costs
Outcome	Chemical dependency clients had 29% fewer days of absence, 42% fewer terminations, \$7,150 less in medical costs Mental Health clients had were absent 25% less, had 28% fewer terminations and \$3,975 less in medical costs. Anticipated future offset of \$6,000,000.	Job performance ratings by supervisors increased Fewer health insurance claims, medical leaves & absences. No changes in disability or workers' compensation claims	Benefit to cost ratio: year 1 : 1.27:1 year 5: 7.21:1 Cost savings increase post EAP use	Both medical costs and claims drop after EAP use and continue to fall over time. Prior to EAP use clients sick leave above organization average, after EAP use, it fell below the organization average	EAP users had 23% lower medical costs and 15 % lower non-behavioral health benefit costs than did the comparison group

Process Evaluations (1990s)

Author	Blaze-Temple & Honig	Burke	Goss & Mearns	Karuntzos et al	Macdonald, et al
Year	1997	1994	1997	1998	1997
Workplace	Hospital Laundry & Linen Perth, Australia	Public Accounting Firm Canada	Regional School Board Scotland	Rockford EAP service Rockford, Illinois	Transportation Company Ontario, Canada
Workforce Size	400	2,150	12,500	7,120	1,640
EAP Delivery	External	External	Internal	External	Internal
Study Time Frame	2.5 years	one point in time	2 years	8 months	4 years
Study's Purpose	Review implementation, utilization & awareness	Program use and satisfaction	Effectiveness of EAP provision	Enhance services provided to clients	Employee & organization perspectives on EAP
Methodology	quasi-experimental multiple time series 2 pre-3 post EAP use employee survey (n=136)	anonymous organization-wide survey (n=1608)	pre-post counselling questionnaires/scales completed by clients (n=241) and counsellors absenteeism data qualitative interviews counsellors & clients	Literature Review Review of standard EAP protocols Focus Groups with EAP counsellors, worksite administrators and key informants	Client Survey (n = 101) Counsellor Interviews Company records using a case-control design For each EAP user a matched subject found
Total Methods Used	2	1	5	3	3
Outcome	EAP implemented with a utilization rate of 4.3% in 1989 and 3.6% in 1990 87% of staff were aware of the EAP though only 46.3 % of line staff said that they would use it. Recommend structural changes to workplace.	78% aware of program 60% would use program 6% had used program and reported to be somewhat satisfied with the program 3.6-4.1 on 5 items with 4 indicating somewhat satisfied	80% clients hopeful at beginning of counselling & this level increased after the first session 61% highly satisfied at conclusion of sessions Increase in self-esteem using Rosenberg scale Reported positive outcomes in qualitative interviews 62% decrease in absenteeism 6-month post counselling	Hired specialized EAP counsellors with expertise in women's and diversity issues Developed in-house staff training & added new assessment items New outreach materials community linkages and training program for worksites adopted	89% of EAP users very satisfied 66% indicated life has changed for the better 2% worsened Job performance change: 21% improved a lot 25% improved slightly 44% stayed the same EAP users have more sick days and compensation claims than non-users

Process Evaluations (1990s)

Author	Mowry, et al	Shain & Suurvali	Stolfus & Benson	Yamatani et al
Year	1997	1997	1994	1999
Workplace	Prince Edward Island (Canada) Public Service	Nipissing & Temiskaming Assessment Referral Service Ontario, Canada	Minnesota Mining & Manufacturing (3M) Midwestern, United States	University of Pittsburg Pittsburg, Pennsylvania
Workforce Size	7,552		445	9,700
EAP Delivery	Internal	External/Consortium	Internal	Internal
Study Time Frame	4 years	point in time interviews	30 months	1/4years
Study's Purpose	Program analysis for future planning	How does this model of EAP impact quality of life	Examine effectiveness of an EAP prevention component	Service provision, effectiveness, client satisfaction & cost
Methodology	Surveys: Clients (n=81) Employees (n=236) Managers (n=53) Manager's Focus Group (n=18) 11 Key Informants Comparison with four other EAPs	Key Informant Interviews 9 worksites 5 individuals	Pre-test/Post-test Experimental Design using a questionnaire to examine attitudes and behaviours Expt Group n=445/405 Control Group n= 214/234	Surveys: (one year) other university programs (n=18) program users (n=540) record analysis (four years) (n=380)
Total Methods Used	4	1	1	3
Outcome	61% of clients reported workplace problems pre-EAP use; 7% post 54% replied EAP was a workplace necessity Overall satisfaction but more training, technical support and awareness programming needed Program needs to become more proactive	ARS model intervenes with individual, family, work & the community. ARS not only intervention but also a vehicle for community development ARS builds cooperation between labour and management Focus on prevention & education not only treatment Antithesis of managed care approach	decreases in binge drinking, heavy drinkers & increase in abstainers from t1 to t2 to t3 Greater increase in expt. group in perception of management skills, empower- ment, knowledge of health risks & in employee morale No change in either group in tobacco use 64% participants support training leading to delivery of program to all 20,000 employees including a peer support component	program use lower than comparative universities and the operating expense was slightly greater though more clients were seen Ave. 1 year cost-saving/ employee \$1,530. Net cost savings of \$321,400 after cost of program subtracted Client assessment of EAP 2.3-2.7 on a -3 to +3 scale across 8 items Self-report improvements on work and personal performance across 6 items